

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	RIVERA			
FIRST NAME	JUANITO		JR	
MIDDLE NAME	MANAGBANAG			
3. DATE OF BIRTH (mm/dd/yyyy)	11/3/1985	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: <div>Philippines ▼</div>	
4. PLACE OF BIRTH	Pangasugan, Baybay, Leyte			
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	<div>House/Block/Lot No. Street</div> <div>Pangasugan</div> <div>Subdivision/Village Barangay</div> <div>Baybay City Leyte</div> <div>City/Municipality Province</div> <div>6521-A</div>	
7. HEIGHT (m)	1.70			
8. WEIGHT (kg)	69			
9. BLOOD TYPE	O+			
10. GSIS ID NO.	NONE			
11. PAG-IBIG ID NO.	1212-0406-2068	18. PERMANENT ADDRESS ZIP CODE	<div>House/Block/Lot No. Street</div> <div>Pangasugan</div> <div>Subdivision/Village Barangay</div> <div>Baybay City Leyte</div> <div>City/Municipality Province</div> <div>6521-A</div>	
12. PHILHEALTH NO.	13-000103526-7			
13. SSS NO.	33-9183311-6			
14. TIN NO.	400-441-569			
15. AGENCY EMPLOYEE NO.	V00790			
		19. TELEPHONE NO.	N/A	
		20. MOBILE NO.	(+63) 951 5124 953	
		21. E-MAIL ADDRESS (if any)	juanitorivera1103@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	RIVERA			
FIRST NAME	JUANITO	SR.		
MIDDLE NAME	RAMOS			
25. MOTHER'S MAIDEN NAME				
SURNAME	MANAGBANAG			
FIRST NAME	NELY			
MIDDLE NAME	SABIJON		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Pangasugan Elementary School	Elementary Graduate	1993	1999	Graduated	1999	None
SECONDARY	Baybay National High School	High School Graduate	1994	2003	Graduated	2003	None
VOCATIONAL / TRADE COURSE	Baybay City Technical-Vocational Training Center	Electrical Installation and Maintenance NC-II	11/25/2019	12/22/2019	Completed	2019	None
COLLEGE	Baybay Institute of Technology	Sea Fearer	2003	2004	28 units	None	None
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/23/2020	CS FORM 212 (Revised 2017), Page 1 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Kabalikat Civicom	March 2016	Present	---	Member / Community Assessment

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Electrical Installation and Maintenance NC-II	11/25/2019	12/22/2019		Electrician	Baybay City Technical-Vocational Training Center
	Training on Safety Driving and Traffic Rules and Regulation	12/13/2010	12/13/2010	8	Driver	LTO Baybay and Visayas State University







(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Electrical Installation		None		Kabalikat Civicom
	Animal Husbandry				Philippine Guardian Brotherhood Incorporated
	Crop Protection and Management				
	Driving Motorize Vehicle				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	09/23/2020	CS FORM 212 (Revised 2017), Page 3 of 4
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>														
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">End of Contract _____</p>														
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>														
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>														
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Henry Y. Goltiano</td> <td>VSU, ViSCA, Baybay City, Leyte</td> <td>(+63) 947 3967 554</td> </tr> <tr> <td>Dr. Dilberto O. Ferraren</td> <td>VSU, ViSCA, Baybay City, Leyte</td> <td>(+63) 926 6111 455</td> </tr> <tr> <td>Dr. Milargros C. Bales</td> <td>VSU, ViSCA, Baybay City, Leyte</td> <td>(+63) 942 4814 524</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Henry Y. Goltiano	VSU, ViSCA, Baybay City, Leyte	(+63) 947 3967 554	Dr. Dilberto O. Ferraren	VSU, ViSCA, Baybay City, Leyte	(+63) 926 6111 455	Dr. Milargros C. Bales	VSU, ViSCA, Baybay City, Leyte	(+63) 942 4814 524		
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<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>															
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;"> <p>Person Administering Oath</p> </div>															